

**(NOTE: This Form is Optional)**

STATE OF CONNECTICUT )  
 :  
COUNTY OF \_\_\_\_\_ ) ss. \_\_\_\_\_  
 (Town)

We the undersigned, being duly sworn, depose and say:

That on the this date, the within named \_\_\_\_\_,  
signed the foregoing living will in our presence as witnesses; that we thereupon subscribed our  
names thereto as witnesses in (his/her) presence and at (his/her) request, and in the presence of  
each other; that at the time of the execution of said living will the said  
\_\_\_\_\_ appeared to be more than eighteen years of age and of sound  
mind and memory, and to the best of our judgment not under any improper restraint or influence  
or in any respect incompetent to make a living will; and that we make this affidavit at (his/her)  
request this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

x \_\_\_\_\_  
(Witness)  
\_\_\_\_\_  
(Number and Street)  
\_\_\_\_\_  
(City, State and Zip Code)

x \_\_\_\_\_  
(Witness)  
\_\_\_\_\_  
(Number and Street)  
\_\_\_\_\_  
(City, State and Zip Code)

Subscribed and sworn to me, by \_\_\_\_\_ and \_\_\_\_\_ the signing  
witness to the foregoing affidavit, on this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_.

\_\_\_\_\_  
Commissioner of the Superior Court  
Notary Public  
My Commission expires: \_\_\_\_\_

(Print or type name of all persons signing under all signatures)